

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

☒ ORIGINAL REPORT☐ AMENDED REPORT

☐ I hold an office that would require a filing under Tier 2.1 or Tier 3. If this box is checked, filer must complete Schedule L.

This Report Covers Calendar Year 2009

Full Name of Filer: PETER RANDALL GALVAN, M.D.

Office Held or Position Sought: Coroner, Saint Tammany Parish

Mailing Address: 550 Brownswitch Rd.

Street

Apt. #

Slidell

LA

70458

City

State

Zip Code

Full Name of Spouse: ALISON MANDERS GALVAN, M.D.

Spouse's Occupation: OFFICE MANAGER

Spouse's Principal Business Address, if any:

550 BROWNSWITCH RD.

Street

Suite #

SLIDELL

LA

70458

City

State

Zip Code

Select One: ☒ (A) I certify that I have filed my federal income tax return for the previous year.☐ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.Select One: ☒ (B) I certify that I have filed my state income tax return for the previous year.☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Signature of Filer

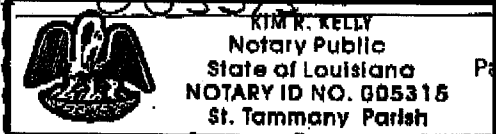
Sworn to and subscribed before me this 11th day of May, 2010.

Notary Public

Printed Name: Kim Kelly

ID: 003375

Commission Expires with life



**SCHEDULE A
EMPLOYMENT INFORMATION**☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name Saint Tammany Parish Coroner's Office		Job Title Coroner	
Employer Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		70458	
City		State	
LA		Zip Code	
Job Description Coroner			

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name Peter R. Galvan, M.D. APMC		Job Title Staff Physician	
Employer Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		70458	
City		State	
LA		Zip Code	
Job Description Treating physician for ill patients			

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name Peter R. Galvan, M.D. APMC		Job Title Office Manager	
Employer Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		70458	
City		State	
La		Zip Code	
Job Description Manage all day to day operations of the office			

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input checked="" type="checkbox"/> Part-time
Employer Name Cross Gates Athletic Club		Job Title Group Exercise Instructor	
Employer Address 200 N. Military Rd.			
Street		Suite #	
Slidell		70461	
City		State	
La		Zip Code	
Job Description Teach exercise classes			

**SCHEDULE B
POSITIONS - BUSINESS**☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business Peter R. Galvan M.D. APMC			
Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		La	70458
City		State	Zip Code
Business Description Medical office/practice			
Nature of Association Owner/director			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business Galcor Incorporated			
Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		La	70458
City		State	Zip Code
Business Description This business is no longer in operation, but the corporation still exists			
Nature of Association owner/director			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	50	%
Name of Business Florida Parishes Holdings			
Address 550 Brownswitch Rd.			
Street		Suite #	
Slidell		La	70458
City		State	Zip Code
Business Description Land Holdings			
Nature of Association Partner			

**SCHEDULE C
POSITIONS - NONPROFIT**☒ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ <u>54,844.04</u>
Name of Business, if applicable <u>Peter R. Galvan M.D. APMC</u>		
Name of Source of Income <u>City of Slidell</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. Box 828</u>		
<u>Street</u> <u>Slidell</u> <u>City</u>	<u>La</u> <u>State</u>	<u>Suite #</u> <u>70459</u> <u>Zip Code</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ <u>845.67</u>
Name of Business, if applicable <u>Peter R. Galvan M.D. APMC</u>		
Name of Source of Income <u>State of Louisiana Dept. of Health and Hospitals</u>		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. Box 91117</u>		
<u>Street</u> <u>Baton Rouge</u> <u>City</u>	<u>La</u> <u>State</u>	<u>Suite #</u> <u>70621</u> <u>Zip Code</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ <u>6.100</u>
Name of Business, if applicable <u>Peter R. Galvan M.D. APMC</u>		
Name of Source of Income <u>City of Slidell</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. Box 828</u>		
<u>Street</u> <u>Slidell</u> <u>City</u>	<u>LA</u> <u>State</u>	<u>Suite #</u> <u>70459</u> <u>Zip Code</u>

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ 1,620
Name of Business, if applicable <u>Peter R. Galvan M.D. APMC</u>		
Name of Source of Income <u>St. Tammany Parish Government</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. Box 628</u>		
<u>Street</u> <u>Slidell</u> <u>City</u>	<u>La</u> <u>State</u>	<u>Suite #</u> <u>70434</u> <u>Zip Code</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ 22,205.18
Name of Business, if applicable <u>PETER R. GALVAN M.D. APMC</u>		
Name of Source of Income <u>ST. TAMMANY PARISH SCHOOL BOARD</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>PO BOX 940</u>		
<u>Street</u> <u>COVINGTON</u> <u>City</u>	<u>LA</u> <u>State</u>	<u>Suite #</u> <u>70434</u> <u>Zip Code</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ 25,344.17
Name of Business, if applicable <u>PETER R. GALVAN M.D. APMC</u>		
Name of Source of Income <u>CITY OF SLIDELL</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>PO BOX 828</u>		
<u>Street</u> <u>SLIDELL</u> <u>City</u>	<u>LA</u> <u>State</u>	<u>Suite #</u> <u>70459</u> <u>Zip Code</u>

SCHEDULE E INCOME RECEIVED FROM EMPLOYMENT

☐ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

INCOME SHALL BE REPORTED BY CATEGORY.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.

INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		I II III IV	
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Employer Name <u>Peter R. Galvan M.D. APMC</u>		Job Title <u>Staff Physician</u>	
Employer Address <u>550 Brownswitch Rd.</u>			
Street		Suite #	
<u>Slidell</u>		<u>La</u>	
City		State	
<u>70458</u>		Zip Code	
Nature of services rendered pursuant to the employment			
<u>Provide medical services/treatment of ill patients+</u>			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		I II III IV	
<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Employer Name <u>St. Tammany Parish Coroner</u>		Job Title <u>Coroner</u>	
Employer Address <u>550 Brownswitch Rd.</u>			
Street		Suite #	
<u>Slidell</u>		<u>La</u>	
City		State	
<u>70458</u>		Zip Code	
Nature of services rendered pursuant to the employment			
<u>Serve as Coroner, with all the incumbent duties required by the office</u>			

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		I II III IV	
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Employer Name <u>Peter R. Galvan M.D.</u>		Job Title <u>Office Manager</u>	
Employer Address <u>550 Brownswitch Rd.</u>			
Street		Suite #	
<u>Slidell</u>		<u>La</u>	
City		State	
<u>70458</u>		Zip Code	
Nature of services rendered pursuant to the employment			
<u>Coordinate the day-to-day operations of the medical office</u>			

SCHEDULE F **INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

I II III IV

Aggregate Amount of Income received from the business interests listed on Schedule F: ☐ ☐ ☐ ☒

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>PALMETTO GBA LLC</u>			
Address <u>2300 SPRINGDALE DR.</u>			
Street		Suite #	
<u>CAMDEN</u>	<u>SC</u>	<u>29020</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			
<hr/>			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>LOUISIANA WORKERS COMPENSATION CORP</u>			
Address <u>2237 S. ACADIAN THRUWAY</u>			
Street		Suite #	
<u>BATON ROUGE</u>	<u>LA</u>	<u>70808</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			
<hr/>			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>V.A. FINANCIAL SERVICES CENTER</u>			
Address <u>PO BOX 149975</u>			
Street		Suite #	
<u>AUSTIN</u>	<u>TX</u>	<u>78714</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			

SCHEDULE F **INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business UMR INC		
Address	1003 BROAD ST.	300
Street		Suite #
JOHNSTOWN	PA	15906
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC		
<hr/>		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business PGBA LLC		
Address	PO BOX 100156	
Street		Suite #
COLUMBIA	SC	29202
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC		
<hr/>		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business WPS TRICARE FOR LIFE		
Address	PO BOX 8730	
Street		Suite #
MADISON	WI	53708
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC		

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business CIGNA HEALTHCARE BENEFITS, INC			
Address 900 COTTAGE GROVE RD			
Street		Suite #	
HARDFORD		CT	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business MEDCOM CARE MANAGEMENT			
Address PO BOX 998			
Street		Suite #	
COVINGTON		LA	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business			
Address			
Street		Suite #	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			

SCHEDULE F **INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

☒ Filer ☐ Spouse

Name of Business GILSBAR INC

Address PO BOX 998

Street

COVINGTON

City

LA

State

Suite #

70434

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business OFFICE OF GROUP BENEFITS

Address PO BOX 44036

Street

BATON ROUGE

City

LA

State

Suite #

70804

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business DOGAN, WILDINSON, KINARD, SMITH AND EDWARDS

Address PO BOX 1618

Street

PASCAGOULA

City

MS

State

Suite #

39568

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

SCHEDULE F
INCOME FROM BUSINESS INTERESTS

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

☒ Filer ☐ Spouse

Name of Business NEW ORLEANS ELECTRICAL WELFARE

Address PO BOX 1449

Street

GOODLETTSVILLE

TN

Suite #

37070

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business GOVERNMENT EMPLOYEES HEALTH ASSN

Address BOX 1021

Street

INDEPENDENCE

MO

Suite #

64051

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business INSURANCE MANAGEMENT ADMIN

Address PO BOX 71120

Street

BOSSIER CITY

LA

Suite #

71171

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

SCHEDULE F INCOME FROM BUSINESS INTERESTS

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

☒ Filer ☐ Spouse

Name of Business JOHN H CARTER COMPANY INC

Address 17630 PERKINS RD

Street

BATON ROUGE

City

LA

State

Suite #

70810

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business ASBESTOS WORKERS LOCAL #53

Address 2001 VETERANS MEMORIAL BL

Street

KENNER

City

LA

State

201

Suite #

70062

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business UNITED HEALTHCARE INSURANCE

Address 1003 BROAD ST.

Street

JOHNSTOWN

City

PA

State

300

Suite #

15906

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.
DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

☒ Filer ☐ Spouse

Name of Business BLUE CROSS A ND BLUE SHIELD OF MISSISSIPPI

Address PO BOX 1043

Street

JACKSON

City

MS

State

Suite #

39215

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business HMO LOUISIANA INC

Address PO BOX 98024

Street

BATON ROUGE

City

LA

State

Suite #

70898

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business LOUISIANA HEALTH SERVICE AND INDEMNITY COMPANY

Address PO BOX 98029

Street

BATON ROUGE

City

LA

State

Suite #

70898

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

SCHEDULE F INCOME FROM BUSINESS INTERESTS

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>FLOWERS BAKING CO OF NEW ORLEANS LLC</u>			
Address <u>132 N BROAD ST.</u>			
<u>THOMASVILLE</u> City	<u>GA</u> State	<u>31792</u> Zip Code	<u>Suite #</u>
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			
<hr/> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>TRINITY INSURANCE SERVICES INC</u>			
Address <u>PO BOX 1723</u>			
<u>MANDEVILLE</u> City	<u>LA</u> State	<u>70470</u> Zip Code	<u>Suite #</u>
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			
<hr/> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>HUMANA INC</u>			
Address <u>PO BOX 740083</u>			
<u>LOUISVILLE</u> City	<u>KY</u> State	<u>40202</u> Zip Code	<u>Suite #</u>
Description of services rendered for the business or a reason the income was received:			
<u>MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC</u>			

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business APWU HEALTH PLAN			
Address PO BOX 1358			
Street		Suite #	
GLEN BURNIE		21060	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business COVENTRY MANAGEMENT SERVICES, INC			
Address PO BOX 30111			
Street		Suite #	
SALT LAKE CITY		84130	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business AMERICAN MEDICAL AND LIFE INSURANCE CO			
Address 8 W 38TH ST			
Street		Suite #	
NEW YORK		10018	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

☒ Filer ☐ Spouse

Name of Business PINNACLE BUSINESS SOLUTIONS INC

Address 515 PERSHING BLVD

Street

NORTH LITTLE ROCK

AR

Suite #

72114

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business GROUP BENEFIT SERVICES INC

Address 6 NORTH PARK DRIVE

Street

HUNT VALLEY

MD

310

Suite #

21030

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

☒ Filer ☐ Spouse

Name of Business CMI WAL MART SETTLEMENT FUND

Address PO BOX 60600

Street

NEW ORLEANS

LA

Suite #

70160

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC

SCHEDULE F INCOME FROM BUSINESS INTERESTS

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business BCBSM INC			
Address PO BOX 64560			
Street		Suite #	
ST. PAUL		MN	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business HEALTH PLANS INC			
Address PO BOX 5199			
Street		Suite #	
WESTBOROUGH		MA	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
MEDICAL SERVICES PROVIDED BY PETER GALVAN MD APMC			

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse			
Name of Business CROSS GATES ATHLETIC CLUB			
Address 200 N. MILITARY RD			
Street		Suite #	
SLIDELL		LA	
City		State	
		Zip Code	
Description of services rendered for the business or a reason the income was received:			
TEACHING AEROBICS CLASSES			

SCHEDULE G OTHER INCOME

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in **value ranges by category**), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

☒ Filer ☐ Spouse

I U III IV
Amount of Income: ☐ ☒ ☐ ☐

Description of Income

MEDICAL CONSULTING

Description of service rendered or the reason the income was received:

REVIEW OF LEGAL CASES, DEPOSITIONS, TESTIMONY, TRIAL PREPARATION, EXPERT WITNESS FEES

☐ Filer ☐ Spouse

I II III IV
Amount of Income: ☐ ☐ ☐ ☐

Description of Income

Description of service rendered or the reason the income was received:

☐ Filer ☐ Spouse

I II III IV
Amount of Income: ☐ ☐ ☐ ☐

Description of Income

Description of service rendered or the reason the income was received:

**SCHEDULE H
IMMOVABLE PROPERTY**☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I II III IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country USA	State LOUISIANA
Parish/County ST. TAMMANY	
Property Description:	
135 AYSHIRE CT., SLIDELL, LA 70461 (PERSONAL HOME)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I II III IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country USA	State LOUISIANA
Parish/County ST. TAMMANY	
Property Description:	
10 ACRES IN PEARL RIVER (HONEY ISLAND SWAMP)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I II III IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country USA	State ALABAMA
Parish/County BALDWIN	
Property Description:	
CONDOMINIUM IN GULF SHORES ALABAMA	

SCHEDULE H IMMOVABLE PROPERTY

☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country <u>USA</u>	State <u>LOUISIANA</u>	
Parish/County <u>ST. BERNARD</u>		
Property Description:		
<u>1/3 OWNERSHIP OF ST. BERNARD PARISH MARSHLAND</u>		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>MISSISSIPPI</u>	
Parish/County <u>PEARL RIVER</u>		
Property Description:		
<u>50% OWNERSHIP OF 65 ACRES OF PROPERTY IN MS.</u>		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I II III IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>LOUISIANA</u>	
Parish/County <u>ST. TAMMANY</u>		
Property Description:		
<u>50% OWNERSHIP OF 80 ACRES OF PROPERTY IN ST. TAMMANY PARISH</u>		

SCHEDULE I INVESTMENT HOLDINGS

☒ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

SCHEDULE J TRANSACTIONS

☒ Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE K LIABILITIES

☒ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

☐ Filer ☐ Spouse

Name of Creditor _____

Address _____

Street _____

Suite # _____

City _____

State _____

Zip Code _____

Name of Guarantor (if any) _____

SCHEDULE L

OTHER OFFICES/POSITIONS

☒ Check if Not Applicable

Please set forth below any and all other office/positions held which would require a filing under Section 1124.2.1 (Tier 2.1) and/or Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

NAME OF POSITION OR OFFICE HELD:

[illegible]

